

*Problems*, by Sir William Savage, a very distinguished worker in the field of hygiene whose writings must be read with respect. The reviewer states:

"He speaks of himself as an 'old-timer bred in the old tradition' in spite of 'a prolonged schooling along more modern lines.' Not so long ago the duties of a Medical Officer of Health were confined to matters of preventive medicine and collective hygiene. In the course of the last two decades he has become 'enmeshed—*malgré lui-même*—in institutional provision for the treatment of his failures in preventive medicine. In consequence he tends more and more to take less and less interest in those specialized problems of environmental hygiene which occupied so much of the energies of his predecessors.' The field is thus left to the engineer and the sanitary inspector. Yet the problems raised are not purely engineering but have important health aspects which require the help of the scientifically trained medical expert. In his book Sir William Savage deals with this no-man's land between the functions of the M.O.H. and those of the sanitary inspector and engineer. The appearance and development of such a no-man's land show that unification, no less than co-ordination, has its dangers. Between personal medicine and collective preventive sanitation there is a fairly clear line of demarcation. That the two branches of hygiene should be brought and kept in touch with one another is in the highest degree desirable. Yet there seems to be good practical reason for basic departmentalism."

I think this warning is very much needed at the present time. If we glance at the history of the evolution of the present-day M.O.H. we find that he was originally an expert in sanitation and epidemiology, held in high respect by his colleagues in other branches of medicine. His successors have become regular Pooh-bahs: school medical officers (with no special training—six months house appointment is adequate for officering a post as an assistant school medical officer); chief tuberculosis medical officers (with no training in tuberculosis, but that ignorance covered up by the appointment of a "clinical tuberculosis officer"); chief venereal disease officer (again with a "clinical V.D. officer"); chief of maternity and child welfare clinics (divorced from the actual practice of obstetrics); directors of our hospitals (general, mental, and all the rest); and, last, administrators of our emergency war hospitals. His present state can be summed up as a jack-of-all-trades and master of none.

Now, Sir, are we to hand over the administration of all our professional activities to such an officer? If so, many of us will not regret our retirement. I would suggest that the M.O.H. is not a fit and proper person to be raised to this eminence in the profession. He has neither the training nor the experience nor the necessary professional status. In fact, I question if any medical man has all the necessary qualifications, and I would suggest that the M.O.H. be relegated to his proper sphere as a specialist in collective hygiene, and that his advisory functions to local authorities be handed over to a professional body embracing all branches of the profession practising in the district (medical, surgical, obstetrical, and laboratory). We have the germ of the idea in our Local Medical and Panel Committees.

In overhauling the M.O.H.'s department, attention is required to the various clinics that have grown up with him. Instead of our tuberculosis dispensaries, school, child welfare, and maternity clinics staffed by cheap "specialists," let us have real specialists of consultant status. What practitioner in his senses would send a patient to any of these clinics—with a few notable exceptions—say, when a university-aided hospital was available?

This is too big a question to consider in a letter such as this, but I might add that I have been informed that the abolition of the M.O.H. in his present state has been mooted in higher administrative circles, and also that the redistribution of our administrative areas is considered to be long overdue—that the present artificial county boundaries should be replaced by a regrouping around their natural centres, the cities and towns. Something of this sort is essential before we can get very far with any medical planning.—I am, etc.,

Galashiels, March 18. KENNETH McLAY, M.D., D.P.H.

### Village Settlements for the Tuberculous

SIR.—Dr. T. Francis Jarman writes (March 1, p. 335): "That a nation-wide need exists for workshops and factories where workers with arrested tuberculous lesions can be em-

ployed under special conditions and under medical care, no one working in anti-tuberculosis schemes can deny." This I ascertained to be true several years ago from the replies I received from many tuberculosis medical officers and superintendents of sanatoria to a questionnaire which was published in a report I was asked to make for the former Labour Party Advisory Committee (Public Health).

During the period I was tuberculosis medical officer I was mainly responsible for the foundation and administration of the late Efford Tuberculosis Colony (Plymouth) for ex-Service civilians and pensioners, and experience there taught me that the Government was *not* prepared "deliberately to foster and encourage the initiation of schemes of this kind." There is little reason to believe that the Government will do so *now*. On the contrary, this "colony," under the patronage of Prince George and members of the public health committee (Plymouth), though well situated and housed, received no financial support from the Ministry of Health or borough council, and it had to close down after a struggle for existence for ten or twelve years. It was conducted on the lines of the Papworth Village Settlement, with which and with whose founder I was personally acquainted, and to which I sent many patients. I attribute this failure mainly to the "restrictive influences of the profit system on medical economics" and partly to a belief that it was an "experimental" scheme.

At that time I visited the medical institutions of the U.S.S.R., and I found on inquiry that only "night sanatoria" for the tuberculous were included in their after-care schemes of "labour prophylactoria," and it is good news to hear from Dr. Jarman that the principles and practice of the late Sir Pendrill Varrier-Jones are now included in these schemes within the organization of the medical service of the U.S.S.R. In any case we should all work for a new world order, incomparably superior to the Nazi one, which would include such settlements within a complete, unified, efficient, and non-bureaucratic medical service on a national basis. I may say that the same fate as that of "Efford Colony" befell the "Laura Hostel (Plymouth) for Children" (who were "home contacts" with cases of active tuberculosis) after five years' struggle on a voluntary basis.—I am, etc.,

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### Nurse Anaesthetists

SIR.—It is to be hoped that Mr. Loughnane's experience (March 22, p. 463) regarding anaesthetists' attendance at hospital is unusual; so far as my experience of teaching hospitals is concerned it is not only unusual but unique. If, however, his unhappy lot is a common one among operating surgeons, surely the proper remedy is not nurse anaesthetists but more competent qualified anaesthetists and better arrangements to regulate their attendance.—I am, etc.,

London, W.1, March 24.

J. BLOMFIELD.

The March issue of *Industrial Welfare and Personnel Management*, the journal of the Industrial Welfare Society, contains an article on "The Rhythm of Work and Rest" by Dr. W. M. Burbury, who writes: "A great deal has been done recently in providing recreation during the working period, concerts at the lunch break, or music in the workroom. These things are very good in themselves, but they are not necessarily good for all workers. It depends on the type of person. Even in these recreative outlets there must be variety in order to avoid monotony: radio for half an hour, freedom to talk for another half-hour, and different kinds of relaxation from day to day." Dr. Burbury discusses the disturbances in the rhythm of our lives brought about by the war. Another article, on "Industrial Catering in Bombed Areas," records the experiences of a Coventry works canteen. Dr. John P. Steel, medical superintendent of the Smithdown Road Hospital, Liverpool, gives a very favourable account of the use of pure cod-liver oil (which is rich in vitamin A and D content) for the dressing of burns and wounds. He insists that only a medicinal oil should be used, and it should be pure, sweet, and fresh, just as it exists in the liver of the live fish: the word "crude" has led to misunderstanding and disfavour.